

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1					51					
2		1				52					
3		1				53					
4						54					
5		1				55					
6		1				56					
7						57					
8		1				58					
9		1				59					
10		1				60					
11		1				61					
12		1				62					
13		1				63					
14		1				64					
15	1	1				65					
16		1				66					
17		1				67					
18		1				68					
19	1	1				69					
20		1				70					
21						71					
22						72					
23						73					
24						74					
25						75					
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28						78					
29						79					
30						80					
31						81					
32						82					
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35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
Total Indep						Total Indep					
Total Depend						Total Depend					
Total Claims						Total Claims					